

**STATE OF NEW HAMPSHIRE**  
**FULL TIME ACTIVE TROOPER EMPLOYEES (NHTA)**  
**POS & HMO PLANS**  
**EFFECTIVE 03/21/2014**

4/15/2014 12:42 PM

**HMO**

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION		W RATE
	26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
HL-1	\$30.00	\$780.00	\$134.97	\$3,509.22	\$4,289.22
HL-2	\$30.00	\$780.00	\$299.94	\$7,798.44	\$8,578.44
HL-3	\$30.00	\$780.00	\$497.90	\$12,945.40	\$13,725.40

**POS**

POS EE CONTRIBUTION		POS ER CONTRIBUTION		W RATE
26 PP	ANNUAL	26 PP	ANNUAL	TOTAL
\$30.00	\$780.00	\$ 148.20	\$3,853.20	\$4,633.20
\$30.00	\$780.00	\$ 326.40	\$8,486.40	\$9,266.40
\$30.00	\$780.00	\$ 540.24	\$14,046.24	\$14,826.24

**MONTHLY WORKING RATES**

	POS	HMO
HL-1: 1 PERSON	\$ 386.10	\$ 357.44
HL-2: 2 PERSON	\$ 772.20	\$ 714.86
HL-3: FAMILY	\$ 1,235.52	\$ 1,143.78

**POINT OF SERVICE - POS**

**COMPANY-STATE SHARE (3006)**

**EMPLOYEE SHARE (3004)**

**HEALTH MAINTENANCE ORGANIZATION - HMO**

**COMPANY - STATE SHARE (3003)**

**EMPLOYEE SHARE (3001)**

<u>WEEKLY</u> <u>HRS</u> <u>RANGE</u>	<u>TYPE</u> <u>PLAN</u>			<u>AMT PER</u> <u>26 PP</u>			<u>TYPE</u> <u>PLAN</u>			<u>AMT PER 26</u> <u>PP</u>			<u>TYPE</u> <u>PLAN</u>			<u>AMT PER</u> <u>26 PP</u>		
FULL TIME	HL		1	\$	148.20		HL		POST1	\$30.00			HL		1	\$	134.97	
FULL TIME	HL		2	\$	326.40		HL		POST2	\$30.00			HL		2	\$	299.94	
FULL TIME	HL		3	\$	540.24		HL		POSTF	\$30.00			HL		3	\$	497.90	